

**NOI****Concentrated Animal Feeding Operation (CAFO), Notice of Intent to be Covered Under the Utah Pollutant Discharge Elimination System Permit, UPDES General Permit No. UTG080000**

Submission of this Notice of Intent with a completed Certification B constitutes notice that the party(ies) identified in Section I of this form intend to be authorized by a UPDES permit for waste water discharges associated with a Concentrated Animal Feeding Operation. Becoming a permittee obligates such discharger to comply with the terms and conditions

**I. Contact Information**

Operator Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ -

Owner Name (If different from Operator): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ -

Status of Owner/Operator **G** F = Federal; S = State; M = Public (other than Federal or State) P = Private

**II. Facility Information**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

UPDES Permit Number (if applicable): \_\_\_\_\_

**III. Description of Operation****Number of Animals Managed**

Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at this facility for a total of 45 days or more in any 12 month period. Attach additional sheets if necessary.

Animal Type	Number of Animals	Animal Type	Number of Animals
_____	_____	_____	_____
_____	_____	_____	_____

Does this facility include a retention structure(s) designed to store process waste water and runoff flow from a 25-year, 24 hour storm event? **G** No **G** Yes # of structures \_\_\_\_\_

Area Available for Land Application \_\_\_\_\_ acres

**Certifications****Certification A**

I understand that the permit requires the preparation of a Comprehensive Nutrient Management Plan (CNMP) for the facility described in this NOI. I agree to prepare and implement a CNMP in accordance with the requirements and timelines specified in the permit.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

## Certification B

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## INSTRUCTIONS

### Concentrated Animal Feeding Operation (CAFO) Notice of Intent (NOI) to be Covered Under the Utah Pollutant Discharge Elimination System (UPDES) Permit

#### Who Must Fill Out a Notice of Intent (NOI) Form

State Law at UAC R317-8-3.5 prohibits point source discharges from concentrated animal feeding operations (CAFOs) to any water body(ies) of the State without a Utah Pollutant Discharge Elimination System (NPDES) permit. Operators of a CAFO must obtain and submit a NOI form to be covered under the UPDES CAFO General Permit. To obtain additional information regarding the UPDES CAFO permit, or to determine whether you require a permit, contact the CAFO coordinator at (801) 538-6146.

#### Where To File the NOI Form

NOIs with payments must be sent to the following address:

Department of Environmental Quality  
Division of Water Quality  
P.O. Box 144870  
Salt Lake City, UT 84114-4870

#### Permit Fees (Make check payable to: Division of Water Quality)

The permit fee is \$500.00 for five (5) years of coverage and is to be submitted with the NOI.

Permittees who have a new facility and have begun operating after July 1, 2000 will be prorated from the day they began operations until the expiration date of the CAFO permit.

#### Completing the Form

NOI forms must be completed in type or print in the appropriate marked areas. If you have any questions about filling out this form, contact the CAFO coordinator at (801) 538-6146.

#### Section I. Contact Information

Provide the legal name of the person, firm, organization, or any other entity which controls the operation of the facility in question. You must also provide the name of the facility owner, if different from that of the operator. Do not use a colloquial name. Enter the complete address and telephone number of the operator and owner. Enter the appropriate letter to indicate the legal status of the operator of the facility. If the owner or operator of the facility is a contract grower, please answer the questions regarding the nature of this contract and the legal name of the entity with whom the contract is held.

#### Section II. Facility Information

Provide the complete address for the facility, including street address, city, state, and ZIP code. Do not provide a P.O. Box number as the street address. Provide the phone and fax numbers for the facility. Indicate the county and the latitude and longitude to the nearest 15 seconds, or the quarter, section, township, and range (to the nearest quarter section) of the approximate center of the site.

#### Section III. Description of Operation

Provide information regarding the number of each type of animal managed in open confinement and/or housed under roof (partially or totally) for 45 days or more within a 12 month period. An additional sheet may be attached if the information does not fit in the provided space.

Enter a check in the appropriate box regarding the facility's use of a waste water and runoff flow retention structure.

#### Certifications

State statutes provide severe penalties for submitting false information on this NOI application form. State regulations require that this form be signed as follows:

*For a corporation:* by responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions;

*For a partnership or sole proprietorship:* by a general partner or the proprietor.

CAFO owners/operators who intend to obtain coverage under the CAFO UPDES permit should complete Certifications A and B.